

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/089447	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51			
2		/		/			52			
3		2		/			53			
4		1		/			54			
5		1		/			55			
6		1		/			56			
7	/		/				57			
8		1		/			58			
9	/		/				59			
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44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	3		3				TOTAL IND.			
TOTAL DEP.	7	↔	6	↔			TOTAL DEP.			
TOTAL CLAIMS	10		9				TOTAL CLAIMS			